## 

G	ill in this inform	nation to ide	ntify your case:			Cha	alı if thia	in		
	Debtor 1	Zulkia Maldonado			Check if this is:  ☑ An amended filing ☐ A supplement showing postpetition					
		First Name Middle Name Last Name								
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	e		chapter followin	13 expenses as g date:	s of the	
	United States Bankr	uptcy Court for	the: EASTERN DI	ST. OF PENNS	SYLVANIA		MM / DI	D / YYYY	_	
	Case number	19-17645-eli	f				WIIWI / DI	571111		
Ь	(if known)									
	fficial Form 10									
S	chedule J: Yo	our Expens	ses						12	2/15
coi nai	rrect information. If	f more space is	sible. If two married needed, attach ano Answer every questio	ther sheet to thi		-		-		
1.	Is this a joint case		20011010							
<ul> <li>✓ No. Go to line 2.</li> <li>☐ Yes. Does Debtor 2 live in a separate household?</li> <li>☐ No</li> <li>☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.</li> <li>2. Do you have dependents?</li> </ul>							Does depend	dent		
	Do not list Debtor 1 Debtor 2.	1 and l	✓ Yes. Fill out this for each dependent	IIIIOIIIIalioii	Debtor 1 or Debtor			age	live with you	
				<u>!</u>	Daughter			18	□ No - ☑ Yes	
	Do not state the de names.	ependents'			Daughter			13	□ No	
					Granddaughter			2 months	Yes No	
				,	San			45	To Yes For No	
				:	Son			<u>15</u>	Yes	
									□ No - □ Yes	
3.	Do your expenses expenses of peop yourself and your	ole other than	✓ No ☐ Yes							
P	Part 2: Estima	ate Your Ong	going Monthly Ex	cpenses						
to ı	•	of a date after	ankruptcy filing date the bankruptcy is file e.	•	•			•		
			ash government ass t on Schedule I: You					Your expens	es	
4.			xpenses for your res				4	. <u> </u>	\$867.	<u>77</u>
	If not included in line 4:									
	4a. Real estate ta	axes					4	·a		
	4b. Property, hom	neowner's, or re	nter's insurance				4	·b		
	4c. Home mainte	nance, repair, a	nd upkeep expenses				4	·c	\$100.	00
	4d. Homeowner's	association or	condominium dues				4	·d.		

Notice   Properties   Propert	Deb	otor 1 Zulkia Maldonado	Case number (if known)	19-17645-elf		
6. Utilities:  6a. Electricity, heat, natural gas 6a. \$155.00 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. T. Food and housekeeping supplies 7. Food and housekeeping supplies 8. Childcare and children's education costs 9. Clothing, laundry, and try cleaning 9. \$35.00 10. Personal care products and services 11. \$35.00 11. Medical and dental expenses 11. \$35.00 12. Transportation. Include gas, maintenance, bus or train faire. Do not include arguments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 14. Charitable contributions and religious donations 15. Insurance. 15b. Health insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Vehicle insurance specify: 16. Taxes. Do not include laxes deducted from your pay or included in lines 4 or 20. 15a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: Back Taxes 17d. Other. Specify: Back Taxes 17d. Other. Specify: Back Taxes 17d. Other. Specify: specify expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20b. Real estate taxes			Your e	expenses		
6a. Electricity, heat, natural gas         6a.         \$155.00           6b. Water, sewer, garbage collection         6b.         \$200.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$231.00           6d. Other. Specify:         6d.         6c.           7. Food and housekeeping supplies         7.         \$818.00           8. Childcare and children's education costs         8.         9.           9. Citothing, laundry, and dry cleaning         9.         \$35.00           10. Personal care products and services         10.         \$50.00           11. Medical and dental expenses         11.         \$35.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.         12.         \$175.00           14. Charitable contributions and religious donations         14.         15.         15.00           15. Insurance.         15b.         15b.         15b.         15b.           15b. Health insurance deducted from your pay or included in lines 4 or 20.         15c.         \$182.82           15c. Vehicle insurance.         15c.         \$182.82           15d. Other insurance. Specify:         15d.         15c.         \$182.82           15d. Other insurance. Specify:         15c.         \$99.00	5.	Additional mortgage payments for your residence, such as home equity loans	5			
Sh. Water, sewer, garbage collection   Sh.   \$200.00	6.	Utilities:				
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. Other. Specify: 8d. 7. Food and housekeeping supplies 7. \$819.00  8. Childcare and children's education costs 8. 9. Clothing, laundry, and dry cleaning 9. \$35.00  10. Personal care products and services 10. \$50.00  11. Medical and dental expenses 11. \$35.00  12. Transportation. Include gas, maintenance, bus or train faire. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: Back Taxes 17d. Other. Specify: Back Taxes 17d. Other. Specify: Back Taxes 17d. Other, Specify: Back Taxes 17d. Other, Specify: Back Taxes 17d. Other spements or unable to support others who do not live with you. Specify: 20a. Mortgages on other property 20b. Real estate taxes 20b.		6a. Electricity, heat, natural gas	6a	\$155.00		
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Faire	11.	Medical and dental expenses	11	\$35.00		
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17d. Other. Specify:		17b. Car payments for Vehicle 2	17b			
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One Description of the Company of th		20b. Real estate taxes	20b			
zuc. Property, nomeowners, or renters insurance 20c.		20c. Property, homeowner's, or renter's insurance	20c			
20d. Maintenance, repair, and upkeep expenses 20d.		20d. Maintenance, repair, and upkeep expenses	20d			
20e. Homeowner's association or condominium dues 20e.		20e. Homeowner's association or condominium dues	20e			

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Debtor 1		Zulkia Maldonado	Case number (if known)	19-17645-elf			
21.	Other.	Specify:	21. +_				
22.	Calcul	ate your monthly expenses.					
	22a.	Add lines 4 through 21.	22a	\$3,603.59			
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b				
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$3,603.59			
23.	Calcul	ate your monthly net income.					
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$4,033.40			
	23b.	Copy your monthly expenses from line 22c above.	23b. <b>–</b> _	\$3,603.59			
		Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$429.81			
24.	Do you expect an increase or decrease in your expenses within the year after you file this form?						
		ample, do you expect to finish paying for your car loan within the year or do you exp nt to increase or decrease because of a modification to the terms of your mortgage					
✓ No.							
	☐ Y	es. Explain here: None.					